

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name CAMPAIGN MONEY WATCH		<b>2. FEC Identification Number</b> <b>C</b> C30000160
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported 1133 19TH STREET NW 9TH FL		
(c) City, State and ZIP Code WASHINGTON DC 20036		
(d) Name of Employer or Principal Place of Business		(e) Occupation

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>					
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**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Hawaii Five-Oh  
 0 9 / 2 6 / 2 0 1 0

**6. The filer is a(n):** (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)  
 (d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
 (e)  Other, specify: \_\_\_\_\_

**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes  No

**8. Custodian of Records**

(a) Name  
David Donnelly

(b) Address (number and street)  
Campaign Money Watch

(c) City, State and ZIP Code  
Washington DC 20036

(d) Name of Employer or Principal Place of Business  
Public Campaign Action Fund

(e) Occupation  
National Campaigns Director

**9. Total Donations This Statement** 50000.00

**10. Total Disbursements/Obligations This Statement** 28718.00

Under penalty of perjury, I certify that this statement is true, correct and complete.  
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM David Donnelly  
 SIGNATURE Electronically Filed by David Donnelly DATE 09/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.